

Louisiana's Oral Health Summit 2002

Summary of the Proceedings

On December 6, 2002 the Louisiana Oral Health Program, Office of Public Health, Department of Health and Hospitals coordinated the first statewide summit on oral health. The Oral Health Summit was sponsored with grant monies from Health Resources and Services Administration and the Maternal and Child Health Bureau through cooperative agreements with the Association of State and Territorial Dental Directors. Additional sponsors included Oral Health America, Procter and Gamble, Patterson Dental, the Louisiana Dental Association, Louisiana Dental Services, Oral B, Agenda for Children, Head Start Association, the LA Head Start Collaboration Project, Department of Social Services, LSUHSC Foundation, and the LSUHSC School of Dentistry. The Summit was designed to assemble dental health leaders and policy makers to address access and barriers to dental care, infrastructure strengths and weaknesses, educational needs, and the financing of oral health care in Louisiana.

Over 125 participants attended the summit, including representatives from the Louisiana Dental and Dental Hygiene Associations, the Secretary of the Department of Health and Hospitals, the Director of Louisiana Medicaid and staff, the three largest federally qualified health care centers, New Orleans Health Department, numerous developmental centers, LSUHSC School of Dentistry, Head Start Directors and parents, the rural water association, school nurses, United Cerebral Palsy, Office of Citizens with Disabilities, United Way, private practice dentists, child care educators, concerned citizens, and Agenda for Children. Representatives from Health Resources and Services Administration, Maternal and Child Health Bureau, the Dallas Regional ACF Office, and Region VI Head Start QIC were also in attendance.

The morning session addressed the status of oral health in Louisiana focusing on children in general and then specifically head start children, pregnant women, adults, the geriatric population, special needs populations, and capped off with the dental provider and Medicaid perspectives. The Louisiana Children's Oral Health Policy Brief, which was begun earlier this year sponsored by the Louisiana Head Start Collaboration Project, Department of Social Services, the Oral Health Program, and Agenda for Children, was introduced and the major recommendations of the policy brief highlighted. Unfortunately, Dr. John Rossetti, Chief Dental Officer US Department of Health and Human Services, Health Resources and Services Administration was scheduled to address Head Start oral health issues but he was unable to participate due to the biggest snow and ice storm this season and could not get a flight to New Orleans.

In the afternoon, the participants broke into one of five workgroups. The workgroups included: Financing Dental Services/Medicaid Policy and Administration, Dental Education/Consumer Education, Early Head Start/Head Start, Prevention/Community Water Fluoridation and Communication and Understanding

among Stakeholders/Advocacy. The task of each workgroup was to identify where we are by focusing on barriers and resources; where we want to be by focusing on what we want to achieve/accomplish; and how do we get there by focusing on strategies that can be pursued. In addition, Dr. Steve Perlman from the Boston University Goldman School of Dental Medicine addressed special needs populations in the afternoon after the completion of the workgroup sessions.

A representative from each workgroup reported back to the general audience the major points identified in the workgroup. The Oral Health Director will compile each summary and formulate the recommendations/strategies. Each group member will be provided with the summary and have an opportunity to comment/edit before the document is finalized. This will insure that the intent and integrity of the workgroup is maintained.

The evaluation of the Oral Health Summit was overwhelming excellent. Respondents clearly indicated a new level of awareness about the status of oral health in Louisiana and a willingness to help address the issues preventing access to oral health services for the residents of Louisiana. A few respondents felt that there should have been more time in the morning program for questions and audience discussion but unfortunately time constraints prevented this. Hopefully the workgroups presented the forum for additional discussion.

The Oral Health Summit clearly focused on the barriers preventing access to oral health care and the disparities that exist for certain groups of citizens in Louisiana. The Summit heightened participant awareness and oral health has emerged as a major health care concern for Louisianans. Partnering with the diverse groups represented at the Summit will facilitate the implementation of the recommendations/action plans of the five workgroups.

An Oral Health Steering Committee will be assembled from the responses of the work group participants who agreed to participate on this committee. The responsibilities of the Oral Health Steering Committee will include working with the Oral Health Director to facilitate the implement of the recommendations from the Oral Health Summit. The committee will be charged with the development of in- depth action plans and time lines for the recommendations. Dr. Brian Muskya has agreed to act as the chair of the Oral Health Steering Committee.

Louisiana's Oral Health Plan

Summary of the Recommendations from the 2002 Oral Health Summit

Introduction

Louisiana's residents are faced with a multitude of oral diseases that can cause pain; prevent them from going to school or work, interfere with eating, disfigure their smile, cause problems for unborn children, and even possibly result in death. Poor oral health affects the entire health of each individual. Oral diseases have been linked to coronary heart disease, diabetes, and pre-term low birth weight infants.

Oral disease is the most prevalent disease of childhood and by the time a child reaches age 17 almost 80% have experienced dental decay. Oral diseases disproportionately affect the poor and less educated who suffer most from these diseases. Children living in poverty suffer two to three times the amount of dental decay than their more affluent counterparts and their disease is more likely to remain untreated. Currently 26% of Louisiana children live in poverty and Louisiana ranks 49th in the nation in percent of children living in poverty. 18.4% of the total population of Louisiana is at the poverty level.

Approximately 28% of Louisiana Medicaid eligible children are currently receiving dental services. Louisiana EPSDT dental Medicaid spending for fiscal year ending June 2002 was 30 million dollars. This was an increase of approximately 8 million dollars from fiscal year 2001. Medicaid/LACHIP enrollment efforts have significantly increased adding over 200,000 children to the Medicaid eligible rolls since 1998. Demand for dental services is increasing and more children are receiving services each year, but utilization rates for dental services are staying in the 28% range.

Research studies have shown that there is a definite clinical association between pregnant women with untreated periodontal disease and pre-term low birth weight infants. In fact researchers have found that pre-term low birth weight mothers have significantly worse periodontal disease than respective normal birth weight controls, and that mothers with clinical evidence of periodontal disease were 7.5 times more likely to deliver a pre-term low birth weight infant. Louisiana ranks 49th in the nation in percent of pre-term low birth weight infants and 47th in infant mortality rates. Dental benefits for Medicaid eligible pregnant women are unavailable for women beyond the age of 21.

Disabled individuals often have special needs that create additional barriers to obtaining dental care. Caretakers report that as these individuals move from institutional settings to community settings, finding dentists in the community willing to treat these individuals becomes more difficult. Currently Louisiana ranks 6th in the nation in the prevalence of children under the age of 18 with disabilities.

Louisiana Behavioral Risk Surveillance System year 2000 data on oral health shows that Louisiana adults who visited the dentist in the last year were 3.1 times less likely to have untreated dental decay and 1.5 times less likely to have periodontal disease than adults who had not visited the dentist. African-Americans in Louisiana were 1.4 times more likely than Caucasians not to have received an annual dental exam. 54.9% of the respondents had no dental insurance and 22.2% stated that dental costs were the main reason for not seeking a routine dental examination.

The proportion of Louisianans who did not receive a routine dental examination in 1999 ranged from 64.6% for those with an income of less than \$15,000 to 20.9% for those with an income greater than \$50,000 per year. Access to dental care in Louisiana is inherently related to the ability to afford dental treatment. Louisiana residents were more likely to go without a regular dental check up than the national average and the proportion of adults who did not receive an annual dental examination increased with increasing age. A comparison of the Behavioral Risk Surveillance System data from 1996 to 1999 showed a decrease in annual dental visits for all adult age groups.

The Louisiana Oral Health Plan is the work of the oral health stakeholders who attended the Oral Health Summit. The Oral Health Plan identifies the priorities to access dental care for the residents of Louisiana and recommendations to implement the identified priorities. The Oral Health Plan should be considered a work in progress and changes to the Oral Health Plan will reflect changes and responses to changes in the environment both on a national and state level toward oral health issues.

The Louisiana Oral Health Plan

Focus Area: Dental Education/Consumer Education

Goal: Building an Oral Health Program for Louisiana

Priorities

- Educating the public, non-dental health care professionals, dental professionals and legislative and administrative decision makers about the relationship between oral health and general health.
 - Prenatal education including relationship between periodontal disease and pre-term low birth weight infants for physicians, nurses and pregnant women
 - Prevention of oral and pharyngeal cancers in adults through early detection by physicians and dental providers
 - Tobacco prevention education and counseling
 - Increase understanding about the relationship between oral health and coronary heart disease, stroke and diabetes for physicians, nurses, nursing assistants, dental professionals and the general public
 - Empower the public through education on oral health issues to advocate for change
- Educating dental professionals about federal and state loan repayment options for reducing dental education debt
- Educating dental professions to accommodate special needs populations including the frail elderly
- Increase dental provider participation in accepting Medicaid patients

Recommendations:

1. Develop a statewide multimedia oral health education campaign designed to heighten awareness on oral health issues facing Louisiana residents.
2. Develop prenatal education material for pregnant women with emphasis on the relationship between periodontal disease and pre-term low birth weight infants.
3. Provide information on federal and state loan repayment options to the LSU School of Dentistry dental students prior to senior year.
4. Explore option of expanding the scope of practice for dental health care providers.
5. Ensure diverse training for all dental professionals to include training for accommodating and treating special needs patients.
6. Provide training for all dental professionals on tobacco prevention, counseling and cessation.
7. Empower the consumer to lobby for changes in the present system that will increase Medicaid reimbursement rates for dental providers,
8. Utilize professional organizations to act as lobbyists making sure to use a multidisciplinary approach that engages all stakeholders.
9. Pursue opportunities for funding dental health programs at the state, parish, municipality levels as well as private sources.
10. Encourage increased provider participation in Medicaid.
11. Provide tobacco prevention, counseling and cessation programs to Louisiana citizens.

Focus Area: Communication and Understanding among Stakeholders/Advocacy

Goal: Making Oral Health a Priority**Priorities:**

- Increase Medicaid funding for oral health
- Increase access to dental health insurance for the working segment of the population
- Increase availability of dental services in underserved areas of the state especially in the rural parishes
- Increase public knowledge and awareness of current dental entitlements
- Increase participation of Medicaid recipients, parents and families to advocate for changes
- Provide one united, loud and powerful voice to advocate for policy changes that include all the stakeholders
- Ensure that sufficient numbers of dental specialists are currently being trained to respond to an increase in demand for dental services.

Recommendations:

- 1. Develop a centralized advocacy information network that is easily accessible to the public and includes information on how to advocate, accessing information and resources, and legislative contacts.**
- 2. Document the importance of oral health to the general health of individuals through public awareness and education efforts.**
- 3. Increase the lobbying effectiveness of parent groups and labor organizations on oral health issues.**
- 4. Increase meaningful participation of all stakeholders in oral health policy decisions through regional forums, marches, demonstrations, and lobbying**
- 5. Utilize funding resources from foundations, industry and professional organizations for oral health advocacy.**
- 6. Use all available resources to influence the Louisiana Legislature to increase funding for oral health services.**

Focus Area: Prevention/ Community Water Fluoridation

Goal: Increase the number of Louisiana residents who receive the oral health benefits of community water fluoridation

Priorities:

- Improve the monitoring and reporting of community water systems currently fluoridating the water source
- Provide information to the public about the fluoride levels in their water systems in a timely manner
- Educate the public on the public health benefits of water fluoridation to eliminate prejudice and ignorance about fluoridation
- Increase funding to communities for start up costs associated with fluoridation
- Provide free continuing education credit to professional groups about the benefits of community water fluoridation
- Enlist parent groups, AARP, civic associations, and other stakeholders to advocate for community water fluoridation
- Provide reimbursement for preventive oral hygiene education

Recommendations:

- 1. Gather baseline data from all Louisiana community water systems currently fluoridating the water supply. (July 2003)**
- 2. Educate health care professionals on the benefits of community water fluoridation through dental meetings and approved continuing education courses. (September- August 2003)**
- 3. Educate the consumer on the benefits of community water fluoridation through parent groups, civic associations and other community groups.**

- 4. Identify and target specific leaders in each parish through the Fluoridation Advisory Board to help lead the fluoridation efforts in that parish.**
- 5. Identify and target the largest water system in each parish not currently fluoridated and initiate efforts for fluoridation.**
- 6. Identify and target former communities who have ceased fluoridation and offer financial assistance to restart fluoridation programs.**

Focus Area: Financing Dental Services/ Medicaid Policy and Administration

Goal: Increase the accessibility of oral health services for all Louisianans

Priorities:

- Increase awareness of the dental professional of the benefits associated with treating the Medicaid population
- Increase the amount of Medicaid funding for oral health services
- Increase the reimbursement rates of Medicaid dental services
- Increase parent awareness regarding compliance with scheduled dental appointments
- Reduce patient fear and anxiety about dental treatment
- Educate the public about the benefits and necessity of oral health and early treatment of oral disease
- Educate the Louisiana Legislature about the cost savings associated with early intervention and prevention of dental diseases
- Increase the number of active providers accepting Medicaid patients
- Improve the distribution of dental providers across Louisiana
- Increase the number of school-based health centers with an oral health component
- Increase transportation availability for Medicaid enrollees
- Increase funding for special needs populations for oral health services
- Increase the scope of services available to adult and special needs populations
- Increase funds for toothbrushes, toothpaste and floss for the underserved populations

Recommendations:

- 1. Educate dental professionals, medical professionals, consumers and government officials about the relationship between oral health and general health and the cost savings associated with prevention and early treatment of oral diseases.**
- 2. Increase funding for Medicaid dental services and reimbursement rates for participating dentists.**
- 3. Educate dental students/providers on federal and state loan repayments options for working in a dental health shortage area.**
- 4. Target an increase in funding for special needs patients.**

5. Increase the number of dental providers accepting Medicaid patients
6. Establish an adult special needs task force.
7. Increase the scope of Louisiana Developmental Centers dental resource centers
8. Increase the scope of services available to adult and special needs populations' especially pregnant women.
9. Establish a list serve/clearing house for oral health information.
10. Increase the number of school-based health clinics with a dental component.
11. Reduce the "stigma" of Medicaid between the consumer and dental provider through education and outreach.
12. Form coalitions with other groups (Agenda for Children, Families Helping Families, etc) to advocate oral health.
13. Continue work begun at this oral health summit with a future oral health summit.

Focus Area: Early Head Start/Head Start

Goal: Improve access to oral health services for the Early Head Start/Head Start populations

Priorities:

- Increase the number of providers accepting Medicaid patients by increasing reimbursement rates for dental treatment
- Increase funding for dental services
- Educate the Louisiana Legislature, parents, early childhood educators, and the dental community on the benefits of oral health and its relationship to overall general health
- Increase parental involvement in oral health outreach and advocacy
- Form grassroots coalitions to advocate for oral health
- Unite the local Head Starts into a large cohesive group to promote policy changes
- Identify all funding sources available for children aged 0-3 that need specialized services (Infant Habilitation Funds)
- Encourage all Head Start parents to register to vote
- Develop incentives to encourage dental providers to treat young children and special needs children
- Provide parents with "baby sitting" services for other siblings so parents can accompany child to dental appointment
- Identify "best practices" from across the state and nation to determine what works to increase access to oral health care for these children
- Identify federally qualified health centers in dental health shortage areas and work with these centers to increase dental component to treat the Head Start children

- Identify methods/techniques/services that will facilitate oral health screenings for Head Start children

Recommendations:

1. **Develop a survey to distribute through out the state and nation to Head Start Centers on current “best practices” for accessing and utilizing dental services.**
2. **Present the findings of the survey at a national conference and/or post on a web site to make the results available to other Head Start Centers.**
3. **Work with Federally Qualified Health Centers in dental health shortage areas to expand satellite clinics to insure dental services for Head Start children.**
4. **Advocate that existing Federally Qualified Health Centers without a dental component expand the facility to include dental services.**
5. **Encourage Head Start parents to serve on Federally Qualified Health Centers’ boards of directors.**
6. **Engage elected officials and present oral health issues.**
7. **Involve Head Start parents in policy changes.**
8. **Develop a statewide multimedia oral health education campaign designed to heighten awareness of oral health issues facing Louisiana’s children.**
9. **Develop a specific agenda for the oral health of Head Start children and have readily available as funds and the legislative climate changes to take advantage of all opportunities.**
10. **Advocate for increased dental reimbursement rates for Medicaid providers.**
11. **Advocate for legislative changes that will provide incentives such as tax breaks and credits for dentists who treat Head Start children.**
12. **Provide transportation and/or sitter service so that parents may accompany their child to the dental visit.**
13. **Train Head Start nurses to conduct oral health screenings according to the criteria developed by the Association of State and Territorial Dental Directors.**